

Rules and Regulations Filing Form

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|---|--|--|--|
| 1. Agency Name and Address Health, Department of Cannon Building Three Capitol Hi | ill Providence | | |
| 2. Title of Rule Rules and Regulations for Licensin | ng of Hospitals | | |
| 3. Statutory Source of Authority Chapter 23-17 of the Rhode Island | | | |
| 4. Concise Explanatory Statemer For the purpose of establishing pre | nt - §42-35-2.3 evailing standards for the licensure of ho | spitals in Rhode Island | |
| 5. Type of Filing | | | |
| | Eme | rgency Rules | |
| A1. Emergency 120-day initial - §42-35-3(b) Adoption Amendment of ERLID: Repeal of ERLID: | | A2. Emergency 90-day renewal - §42-35-3(b) Adoption Amendment Indicate ERLID of 120-day initial: | |
| _ | nding Imminent Peril §42-35-3(b)(2): | mulcate ERLID of 120-ua | iy iiittai. |
| Brief Statement of Reason for Fin | iding imminent Ferri § 12 35 3(6)(2). | | |
| | F | inal Rules | _ |
| ✓ B1. Amendment | B2. Adoption | B3. Repeal | C. Technical Revision |
| Supersedes ERLID: | | | |
| • | mended, deleted, or revised sections: t 2004 Supercedes #3079 | | |
| 6. Notice and Hearing Information Date of Public Notice - \$42-35-3(and Date of Public Hearing - \$42-35-3). End of Comment Period: 7. Agency Additional Information | a)(1):01/28/2005 (a)(2):02/28/2005 | | |
| http:// | - | | |
| 8. Certification I hereby certify that the attached r copies of this Department, attest, | ules and regulations were adopted in ac | cordance with the Administra | tive Procedures Act (42-35) and that they are true |

Notary Public

Subscribed and sworn before me this _____ day of ____

Name

Title